

CHAPTER 10

CASE MANAGER RESPONSIBILITIES

The objectives of case management are to counsel, support and assist participants/families with all activities related to the Pervasive Developmental Disorder (PDD) Waiver and the PDD State Funded Program. Case managers must provide ongoing problem solving to address participant/family needs. They must coordinate community-based support, provide referrals to other agencies and participate in interagency case staff meetings as needed. These activities must be fully documented in the participant's waiver record. Case Managers are responsible for the collection and reporting of participant-specific data including but not limited to: intake and referral services provided by EIBI providers, waiver eligibility determination, care planning, service authorizations and terminations, and fiscal accountability.

Conditions of Participation

Case Managers:

1. Must have a Bachelor's degree in humanities, social science or a related field, plus two years of experience in social or community work, and experience or training pertaining to children with PDD.
2. Must be independent of the EIBI service delivery system and not a provider of EIBI services.
3. Must not be employed by, consulting to, or contracted with, any company providing EIBI waiver services.
4. Must not have a felony conviction of any kind.
5. Must have a current, valid driver's license.
6. Must have a PPD Tuberculin skin test no more than ninety (90) days prior to employment, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years is likely to represent the occurrence of infection with *M. Tuberculosis* in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.

Preventive treatment should be considered for all infected employees having direct client contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0558).

Description of Services Provided

1. The case management unit of service will be one calendar month, or any portion thereof, commencing on the date that the participant is entered into the waiver. This unit will include all necessary case management activities performed during that month.

2. Case managers shall be available during normal business hours. If, for any reason, caseload coverage will not be available during these times, case managers must make arrangements to handle the needed case management activities. All arrangements must be approved by case manager supervisors.
3. Case management includes the following activities:
 - a. Case managers will provide at least 1 monthly contact with the EIBI service providers and/or family to determine progress/lack of progress on established goals and/or participant satisfaction with EIBI providers. This must be fully documented in the participant's waiver record.
 - b. On a quarterly basis case managers must contact the participant's family. This should include a review of the entire waiver plan of service and the most recent EIBI service provider quarterly progress report. If progress toward established goals does not meet expectations, then consultation with the SCDDSN Autism Division will occur. This quarterly contact must be fully documented in the participant's waiver record.
 - c. On an annual basis or more often as requested by the family, case managers must have a face-to-face contact visit with the waiver participant and family. The EIBI provider may be included in the staffing visit if requested by the family. This annual visit must occur at a minimum of every 365 days and must be fully documented in the participant's waiver record. Likewise, the EIBI provider may also be allowed to request a staffing visit between the case manager, waiver participant, family and EIBI provider if he/she believes it would assist in improving communications or interactions between all parties.
 - d. Case managers are responsible for developing the waiver plan of service, ongoing monitoring of the waiver plan of service, fully documenting the waiver service monitoring in the participant's waiver record, ongoing evaluation and updating of the support plan to ensure it's appropriateness, and preparation of all service authorizations and terminations in a timely manner. The waiver plan of service must list all waiver services, their amount, frequency, duration and provider type, and other services the waiver participant receives to assist in meeting his/her needs. The waiver plan of services is subject to the approval of the Medicaid Agency.
 - e. The PDD waiver plan of service must be developed, reviewed and approved every 365 days, or more often, if needed. The case manager is responsible for ensuring this occurs in a timely manner.
 - f. Case managers are responsible for preparing and submitting all documents needed for timely determination of the ICF/MR Level of Care (LOC) by the Consumer Assessment Team. This must be completed prior to the expiration of the current ICF/MR LOC date.
 - g. All case management activities must be documented in the participant's waiver record. Documentation must include the date and time, individual(s) involved, description of the discussion, event or activity, and any necessary action. "Backdating"

documentation is prohibited. If handwritten, all entries must be documented using blue or black ink. If word processing is used, when documents are printed for the waiver case record, all entries must be initialed and dated in ink by the case manager who performed the activity.

- h. Case record documentation must include the date on which the child's referral was first received and the dates of all actions taken there after. Case record documentation must reference the child's parent(s) and/or legal guardian. It must include the child's Medicaid identification number (if applicable) and social security number.
 - i. Case record documentation must reflect that the child's parent(s) and/or legal guardian is fully informed of his/her rights and responsibilities and that he/she is given a choice from all qualified providers in the state.
 - j. Case record documentation must utilize the required forms, completed properly, and they must include the required signatures.
 - k. The case manager must assure and the case record must reflect that each child's parent(s) and/or legal guardian has been fully informed about how to file a complaint using the Reconsideration/Appeals Process. All complaints must be handled in a professional manner and all actions related to the complaint must be fully documented in the PDD waiver case record. Case managers must provide information on the Medicaid Reconsideration/Appeals Process at least yearly, and at any relevant action such as a reduction, termination, suspension or denial of waiver services.
4. Case managers are required to attend all SCDDSN in-service/trainings related to the provision of case management for individuals enrolled in the PDD waiver.

Data Management

The EIBI Consultant will be required to submit to the child's Service Coordinator and, when specified, the Autism Division, the following information within the timeframes indicated:

- Program Checklist: must be submitted to the child's Service Coordinator monthly and demonstrate/document that drills are conducted as scheduled.
- Data reports: must be submitted to the child's Service Coordinator and the Autism Division quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern.
- Assessment of Basic Language and Learning Skills (ABLLS): must be submitted to the child's Service Coordinator and the Autism Division semi-annually per the initial assessment date.
- Peabody Picture Vocabulary Test (PPVT-IV), the Expressive Vocabulary Test (EVT-2) and Vineline Adaptive Behavioral Skills: must be submitted to the Service Coordinator and the Autism Division annually per the initial assessment date.